

Attorney Docket No.: 3COM-3348.WHD.US.P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that bearing First Class of deposit.	t this transmittal of the below de Postage and addressed to the	scribed document is being d Commissioner for Patents P.	eposited with the United Si O. Box 1450, Alexandria, \	tates Postal Service in an envelope VA 22313-1450, on the below date					
Date of 09/16 Deposit:	Name of Person Making the Deposit:	Julie Williams	Signature of the Person Making the Deposit:	Dulle Williams					
In re Application	0L1 # 0 L001								
Application No.: 09/759,770		Examiner:	Nguyen, B.	SEP 2 3 2004					
Filed: 01/12	/01	Art Unit: 2	2661	Technology Center 260					
Confirmation N	No.: 9656			tas.					
For: A METHOD AND SYSTEM FOR IMPROVING THROUGHPUT OVER WIRELESS LOCAL AREA NETWORKS WITH MODE SWITCHING									
Commissioner for Patents P.O. Box 1450									
Alexandria, VA 22313-1450 <u>AMENDMENT TRANSMITTAL</u>									
1. Transmitted herewith is an amendment for this application									
Transmitted herewith is a response to an office action for the above identified patent application. (14 sheets) Transmitted herewith are sheets of substitute formal drawings. Other:									
Z. Applica	2. Applicant is other than a small entity								
Extension of Term									
3. The pr(a) []	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. [] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)								
	Extension [] one month [] two months [] three mont [] four month	s \$4 hs \$9 s \$1	10.00 20.00 50.00 ,480.00						
			e e \$						
If an additional extension of time is required, please consider this a petition therefor.									
(b) [X]	Applicant believes that being made to provide need for a petition for	for the possibility that	n is required. However at applicant has inad	ver, this conditional petition is vertently overlooked the					

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)								
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total			
Total Claims	30	- 30 =	0	x \$18.00	\$0.00			
Independent Claims	3	- 3 =	0	x \$86.00	\$0.00			
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)								
Total Fees								

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- The Commissioner is hereby authorized to charge any additional fees associated with this [X] communication or credit any overpayment to Deposit Account No.: 23-0085. A duplicate copy of this authorization is enclosed.
- A check in the amount of \$ []
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitte